

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 20959/2210 (P 63647)	
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>Dec 3, 2003</u> . Signature: <u>Ruth R. Smith</u> Name: <u>Ruth R. Smith</u>		In re Application of Moszner et al. <hr/> <div style="display: flex; justify-content: space-between;"> Application Number 10/606,142 Filed June 25, 2003 </div> For DENTAL MATERIALS BASED ON ACRYLIC-ESTER PHOSPHONIC ACIDS <hr/> <div style="display: flex; justify-content: space-between;"> Group Art Unit 1711 Examiner Unknown </div>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate entity fee are as follows (check time period desired):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)		\$ <u>110.00</u>	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)		\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)		\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)		\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)		\$ _____	
<input type="checkbox"/> Applicant claims small entity status.			
<input checked="" type="checkbox"/> A check to cover the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record.			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<u>12-3-03</u> Date		<div style="text-align: right;"> _____ Signature Joseph M. Noto _____ Typed or printed name </div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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